



Administration for Children and Families

**Administration on Children, Youth and Families (ACYF)
Family and Youth Services Bureau (FYSB)**

**Title V State Abstinence Education Grant Program
HHS-2013-ACF-ACYF-AEGP-0606**

Application Due Date: August 05, 2013

*****States currently receiving FY 2013 funds do not need to re-apply through the FY 2013
Funding Opportunity Announcement Process*****

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES**

Program Office:	Family and Youth Services Bureau; Administration on Children, Youth and Families
Funding Opportunity Title:	Title V State Abstinence Program
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Executive Summary

The “State Abstinence Program” was extended through Fiscal Year (FY) 2014 under the Patient Protection and Affordable Care Act of 2010, Pub.L. 111-148. This Funding Opportunity Announcement (FOA) instructs states in how to apply for funding for FY 2013. To qualify for funding in FY 2013, states must submit an application for review and approval prior to the award of funds.

The Family and Youth Services Bureau (FYSB) of the Administration on Children, Youth and Families (ACYF) is accepting applications from states and territories for the development and implementation of the State Abstinence Program. The purpose of this program is to support decisions to abstain from sexual activity by providing abstinence education as defined by section 510(b) of the Social Security Act (42 U.S.C. § 710(b)) with a focus on those groups that are most likely to bear children out-of-wedlock, such as youth in or aging out of foster care.

States are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to their specific needs. These plans must “provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock,” as allowed under section 510(b)(1) of the Social Security Act (42 U.S.C. § 710(b)). An expected outcome for all programs is to promote abstinence from sexual activity.

I. FUNDING OPPORTUNITY DESCRIPTION

A. Statutory Authority

Awards under this announcement are authorized and appropriated by section 510 of the Social Security Act (42 U.S.C. § 710), as amended by section 2954 of the Patient Protection and Affordable Care Act of 2010 (Pub.L. 111-148). The Affordable Care Act restored funding for the State Abstinence Program for FY 2010 through 2014.

This FOA instructs states in how to apply for funding for FY 2013.

Section 510 of the Social Security Act

“(a) For the purpose described in subsection (b), the Secretary shall, for each of the fiscal years 2010 through 2014, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of—

(1) the amount appropriated in subsection (d) for the fiscal year; and

(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity with a focus on those groups which are most likely to bear children out-of-wedlock.

(2) For purposes of this section, the term “abstinence education” means an educational or motivational program which—

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

(c) (1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional \$50,000,000 for each of the fiscal years 2010 through 2014. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year (except that such appropriation shall be made on the date of enactment of the Patient Protections and Affordable Care Act in the case of fiscal year 2010).”

B. Purpose and Program Design of the State Abstinence Program

Purpose

The U.S. birth rate for females aged 15 to 19 was 31.3 births per 1,000 females in 2011, based on birth certificate data collected in National Center for Health Statistics' (NCHS) National Vital Statistics System. (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, NCHS, Vital and Health Statistics, 2012). Although this was a historic low for the United States, that rate was higher than rates in a number of other developed countries. Nearly two-thirds of births to women younger than age 18 and more than half of those among 18 to 19 year olds are unintended (Chandra, Martinez, et. al., 2005).

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.

1. Preventing teen childbearing could save the U.S. about \$9 billion per year (CDC Vital Signs, 2011, <http://www.cdc.gov/vitalsigns/pdf/2011-04-vitalsigns.pdf>).
2. Preterm births are more likely among teen mothers, and mothers forty and older. In 2010 (the latest data available), 14 percent of births to mothers under 20 years old were preterm, compared with 12 percent to mothers ages 20 to 39, 16 percent to mothers 40 to 44, and 27 percent to mothers 45 and older. (Child Trends, November 2012, <http://www.childtrendsdatabank.org/?q=node/67>)
3. Infants born to teens are 2 - 6 times more likely to have [low birth weight](#) than those born to mothers age 20 or older. (Medline Plus, updated September, 2011), <http://www.nlm.nih.gov/medlineplus/ency/article/001516.htm>)
4. Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger, are more likely to—
 - a. drop out of high school,
 - b. be and remain single parents (Hoffman & Maynard, 2008).
5. The children of teenage mothers are more likely to—
 - a. have lower cognitive attainment and proficiency scores at kindergarten entry;
 - b. exhibit behavior problems;
 - c. have chronic medical conditions;
 - d. rely more heavily on publicly provided health care;
 - e. be incarcerated at some time during adolescence until their early 30s; and
 - f. drop out of high school, give birth as a teenager, and be unemployed or underemployed as a young adult (Hoffman & Maynard, 2008).

These effects remain for the teen mother and her child even after adjusting for those factors that increase the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school (Singh & Darroch, 2000).

A recent report from the Centers for Disease Control and Prevention (CDC) shows that many adolescents and young adults in the U.S. engage in sexual risk behaviors and experience negative sexual and reproductive health outcomes. For example:

- According to the most recent estimates, females aged 15 to 19 continue to have higher rates of chlamydia and gonorrhea than any other age or sex group (U.S. Department of Health and Human Services, CDC, NCHS, Vital and Health Statistics, 2011).
- About 1 million adolescents and young adults aged 10 to 24 years were reported to have chlamydia, gonorrhea, or syphilis in 2006.
- Nearly a quarter of females aged 15 to 19 years, and 45 percent of those aged 20 to 24 years, had a human papillomavirus (HPV) infection during 2003 and 2004.

Rates of sexually transmitted diseases/infections (STDs/STIs) among adolescents are troubling, and race/ethnicity are also factors. The gonorrhea rate is approximately 19 times higher among African American adolescents and two times higher among Latino adolescents ages 15 to 19 than their White peers in the U.S. (CDC, 2011). The chlamydia rate is approximately seven times higher among African American and two times higher among Latino adolescents ages 15 to 19 than their White peers (CDC, 2011).

Adolescents who are at greatest risk of STDs/STIs and unintended pregnancies are a complex and dynamic group. A targeted and holistic approach is essential to reducing teen pregnancies. Abstinence programming is one intervention in a continuum of services that seeks to prevent teen pregnancy. The purpose of the State Abstinence Program is to provide states with funding for additional tools to address the rates of teen pregnancy among those groups who are most likely to bear children out-of-wedlock.

Program Design

Programming Options

The stated purpose of this funding is “to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity....” For that reason, states may fund abstinence education as defined by section 510(b)(2) of the Social Security Act (42 U.S.C. § 710(b)) and/or programs that provide mentoring, counseling, and adult supervision as a means of promoting abstinence from sexual activity. All programs incorporated by a state must ensure that abstinence from sexual activity is an expected outcome. States are encouraged to identify programs that have demonstrated effectiveness in delaying the initiation of sexual activity or promoting abstinence from sexual activity.

Use of Funds for Abstinence Education (A-H Components of Social Security Act (42 U.S.C. § 710(b)(2))) and Mentoring, Counseling, and Adult Supervision Abstinence Promotion Programs

It is recognized that many states receive relatively modest funding under the legislative formula, which will result in the development of programs with significant variation. States seeking funding under section 510 of the Social Security Act should use their discretion in coordinating components to construct abstinence programs that best meet the needs of the populations most likely to bear children out-of-wedlock. States expending funds for abstinence education programs may determine the relative emphasis to place on each of the A-H components of Section 510(b)(2). States may also use funds for mentoring, counseling, or adult supervision

programs to promote abstinence, as allowed under section 510(b)(1). Regardless of program type, no funds can be used in ways that contradict the A-H provisions.

Medical Accuracy

Programs supported with these funds must be medically accurate. Medically accurate and complete programs are verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognized as accurate, objective, and complete. If a state chooses to teach values-based perspectives, it is permissible under this statute. However, a state may not present information as factual when it reflects a value or opinion instead of fact.

As a condition of receiving a grant under this announcement, a state must certify that all abstinence education materials that are presented as factual will be grounded in scientific research. This certification pertains to any materials presented by subawardees of the state as well.

Program Effectiveness

There is a growing body of literature on effective interventions for reducing teen pregnancy. These interventions range in program models and target populations. These evidence-based programs have demonstrated impacts on sexual activity (including delaying initiation of sexual activity), contraceptive use, STDs/STIs, and pregnancy or births. We encourage states to review effective programs to determine whether elements of those programs should be incorporated into programs designed for this grant.

Recently, a study by Jemmott et al. (2010) reported on an abstinence intervention called *Promoting Health Among Teens* that reduced sexual initiation. While the program focused on abstinence, it was not designed to incorporate all of the A-H elements. The authors described the intervention as promoting:

“...abstinence to eliminate the risk of pregnancy and STIs including HIV. It was designed to (1) increase HIV/STI knowledge; (2) strengthen behavioral beliefs supporting abstinence including the belief that abstinence can prevent pregnancy, STIs, and HIV, and that abstinence can foster attainment of future goals; and (3) increase skills to negotiate abstinence and resist pressure to have sex. It was not designed to meet Federal criteria for abstinence-only programs. For instance, the target behavior was abstaining from vaginal, anal, and oral intercourse until a time later in life when the adolescent is more prepared to handle the consequences of sex. The intervention did not contain inaccurate information, portray sex in a negative light, or use a moralistic tone. The training and curriculum manual explicitly instructed the facilitators not to disparage the efficacy of condoms or allow the view that condoms are ineffective to go uncorrected.”

<http://www.asc.upenn.edu/assets/other/pressreleases/jemmott%20abstience%20study%202010.pdf>.

Given this program's rigorous evaluation and proven impact of abstinence, its design components merit consideration as states or sub-awardees design their programs.

More information on *Promoting Health Among Teens* is available at http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/promoting_health.pdf.

In addition, applicants may refer to the *Making a Difference* program, which is another abstinence-based program. The *Making a Difference* curriculum consists of eight culturally-appropriate, hour-long modules. These modules address facts, attitudes, and beliefs about abstinence, HIV/AIDS, and teen pregnancy prevention. They also teach negotiation-refusal techniques. Program activities include role-playing and video-watching. More information on *Making a Difference* is available at http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/making_a_difference.pdf.

An intervention that does meet federal criteria for abstinence-only programs is *Heritage Keepers Abstinence Education*, a classroom-based curriculum tested with seventh through ninth grade students that teaches the benefits of remaining abstinent until marriage and the risks associated with premarital sexual activity. It aims to teach students resistance skills and tactics to help them practice abstinence and build relationships without having sex. It also provides information about male and female reproductive systems as well as STDs. It is delivered during required health classes on consecutive days. The materials are grouped into the five sections, each of which contains writing exercises, discussion, and/or role-playing or other activities: 1) sexual abstinence; 2) family formation; 3) STD facts; 4) love, lust, infatuation; and 5) the SAFE plan (a four-step plan to resist sexual activity). A year after the program ended, students participating in the intervention were less likely to report having ever had sex. More information on *Heritage Keepers Abstinence Education* is available at <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/heritage-keepers-v2.pdf>.

The Administration for Children and Families (ACF) encourages states to consider the following approaches as they seek to design effective programs:

- The research on effective abstinence programs suggest that they are based on sound theoretical frameworks (e.g., social cognitive theory, theory of reasoned action, or theory of planned behavior);
- The use of intense, high dosage (at least 14 hours) programs implemented over a long period of time (Kirby, 2001);
- The use of programs that encourage and foster peer support of decisions to delay sexual activity (Trenholm, 2007);
- The use of programs that select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support (Kirby, 2007); and,
- The use of programs that involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum (Kirby, 2007).

As states design their programs, ACYF/FYSB encourages them to consider the needs of lesbian, gay, bisexual, transgender, and questioning youth, and how their programs will be inclusive of and non-stigmatizing toward such participants. If not already in place, applicants and, if applicable, subawardees should establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. Awardees should ensure that all youth serving staff are trained to prevent and respond to harassment or bullying in all forms. Programs serving youths should be prepared to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

Target Populations

As section 510 (b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)) describes, states are to focus on groups that are most likely to bear children out-of-wedlock. One such population of young people who are significantly more likely than their peers to become pregnant or to father a child at an early age are youth who are in or aging out of foster care. In one study of a sample of youth in foster care (average age 15.3 years old), half reported having experienced consensual sexual intercourse. Of these that experienced consensual sexual intercourse, 40.5 percent reported being 13 or younger at age of first consensual intercourse (James et al, 2009). Nearly half of young women in foster care reported a pregnancy by age 19 (Bilaver & Courtney, 2006). They are two times more likely than their peers to have at least one child by that age. By age 23, 77 percent of young women who had been in foster care had been pregnant at least once, and 61 percent of young men formerly in care had a female partner who had become pregnant (Courtney, Dworskey, Lee & Raap, 2009). States should consider high pregnancy rates among youth in the care of the child welfare system in determining how to target these resources.

Applicants should cite local and state demographics to support the population of interest in their specific plans.

Program Design Components - Goal(s), Objectives, and Logic Models

States and/or subawardees are required to develop and include in the application for funding:

- (1) program-specific goal(s) statements for short-term and long-term periods;
- (2) up to six outcome objectives that clearly state expected results or benefits of the intervention proposed and link with the goal(s) statement, as well as multiple process objectives; and
- (3) a logic model demonstrating how proposed inputs and activities will lead to the outcome objectives and ultimately the achievement of the goal(s) statement.

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this FOA. The state and/or subawardee should outline the vision and short/long-term goals of the proposed program/activity in the goal(s) statement. Outcome objectives in the model may be considered as intermediate outcomes that logically lead to the grantee's overall goal attainment.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

- **Specific:** An objective is to specify one major result directly related to the program goal, and state that it is going to be doing what, to whom, by how much, and in what time-frame. It must specify what will be accomplished and how the accomplishment will be measured.
- **Measurable:** An objective must be able to describe in realistic terms the expected results and specify how such results will be measured.
- **Achievable:** The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- **Realistic:** The objective must be reasonable in nature. The specified outcomes – i.e. expected results – must be described in realistic terms.
- **Time-framed:** An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objectives – i.e., S.M.A.R.T. objectives related to the outcomes of the program – must be supported with several process objectives – i.e., S.M.A.R.T. objectives related to the processes or activities of the program.

States will be required to submit the goal(s) statement, outcome objectives, and logic models for all state-led programs or subawardee programs with the application, along with assurance that the logic model demonstrates specified activities that will lead to the outcome objectives enumerated and ultimately the achievement of the goal(s) statement. Where possible, applicants should specify short-term and long-term goals.

Further information on sources available for developing programs, as well as information on logic models, is provided in *Appendix D*.

Ensuring the Well-Being of Vulnerable Children and Families

ACYF is committed to facilitating healing and recovery and promoting the social and emotional well-being of adolescents who have experienced maltreatment, exposure to violence, and/or trauma. This FOA and other discretionary and mandatory spending this fiscal year are designed to ensure that effective interventions are in place to build skills and capacities that contribute to the healthy, positive, and productive functioning of children and youth into adulthood.

Adolescents who have experienced maltreatment, exposure to violence, and/or trauma are impacted along several domains, each of which must be addressed in order to foster social and emotional well-being and promote healthy, positive functioning:

- **Understanding Experiences:** A fundamental aspect of the human experience is the development of a world view through which one's experiences are understood. Whether that perspective is generally positive or negative impacts how experiences are interpreted and integrated. For example, one is more likely to approach a challenge as a surmountable, temporary obstacle if his or her frame includes a sense that "things will turn out alright." On the contrary, negative experiences can color how future experiences are understood. Ongoing exposure to family, school, and/or community violence might

lead adolescents to believe that relationships are generally hostile in nature and affect their ability to enter into and stay engaged in safe and healthy relationships. Interventions should seek to address how adolescents frame what has happened to them in the past and shape their beliefs about the future.

- **Developmental Tasks:** People grow physically and psychosocially along a fairly predictable course, encountering normal challenges and establishing competencies as they pass from one developmental stage to another. However, adverse events have a marked effect on the trajectory of normal social and emotional development, delaying the growth of certain capacities, and, in many cases, accelerating the maturation of others. Intervention strategies must be attuned to the developmental impact of negative experiences and address related strengths and deficits to ensure adolescents develop along a healthy trajectory.
- **Coping Strategies:** The methods that adolescents develop to manage challenges both large and small are learned in childhood, honed in adolescence, and practiced in adulthood. Those who have been presented with healthy stressors and opportunities to overcome them with appropriate encouragement and support are more likely to have an array of positive, productive coping strategies available to them as they go through life. For adolescents who grow up in unsafe, unpredictable environments, the coping strategies that may have been protective in that context may not be appropriate for safer, more regulated situations. Interventions should help adolescents transform maladaptive coping methods into healthier, more productive strategies.
- **Protective Factors:** A wealth of research has demonstrated that the presence of certain contextual factors (e.g., supportive relatives, involvement in after-school activities) and characteristics (e.g., self-esteem, relationship skills) can moderate the impacts of past and future negative experiences. These protective factors are fundamental to resilience; building them is integral to successful intervention with children, youth, and families.

The skills and capacities in these areas support adolescents as challenges, risks, and opportunities arise. In particular, each domain impacts the capacity of adolescents to establish and maintain positive relationships with caring adults and supportive peers. The necessity of these relationships to social and emotional well-being and lifelong success in school, community, and at home cannot be overstated and should be central to all interventions with vulnerable adolescents.

An important component of promoting social and emotional well-being includes addressing the impact of trauma, which can have a profound effect on the overall functioning of adolescents. ACYF promotes a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the domains outlined above, as well as the behavioral and mental health consistency of trauma.

ACYF anticipates a continued focus on social and emotional well-being as a critical component of its overall mission to ensure positive outcomes for all children, youth, and families. In April 2012, ACYF, Children's Bureau published an Information Memorandum on "promoting Social Emotional Well-Being for Children and Youth receiving Child Welfare Services. This document

provides an excellent background and set of references on trauma and well being that grantees may use to inform their programming. It can be accessed online at <http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>.

Program objectives should address how a focus on social and emotional well-being is incorporated in intervention designs and guides selection of and training and technical assistance (T/TA) for subawardees.

C. Other Program Requirements

All grantees should budget annually, the costs of sending one or two key staff persons to attend the 2- or 3-day adolescent pregnancy prevention grantee meeting in Washington, D.C. The meeting provides specific training for State Abstinence Program Coordinators and important program requirement updates. Grantees may send more than one key staff person to the national meeting or work with subawardees to select appropriate program staff persons.

D. Definitions

Adult Supervision - Consistent monitoring and appropriate structure provided in community programs by competent and caring adults. Adult supervised programs and activities are conducted in a safe environment and provide consistent and appropriate boundaries and behavioral expectations for participating youth.

Allowable Cost - Costs are allowable for grants within the scope of approved projects. Under OMB Circular A-87 (2 CFR Part 225), the following general criteria must be met in order for a cost to be allowable under any federal award. The cost must --

- a. Be necessary and reasonable for proper and efficient performance and administration of federal awards.
- b. Be allocable to federal awards under the provisions of OMB Circular A-87 (2 CFR Part 225).
- c. Be authorized or not prohibited under state or local laws or regulations.
- d. Conform to any limitations or exclusions set forth in OMB Circular A-87, federal laws, terms and conditions of the federal award, or other governing regulations as to types or amounts of cost items.
- e. Be consistent with policies, regulations, and procedures that apply uniformly to both federal awards and other activities of the governmental unit.
- f. Be accorded consistent treatment. A cost may not be assigned to a federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the federal award as an indirect cost.
- g. Except as otherwise provided for in OMB Circular A-87, be determined in accordance with generally accepted accounting principles.
- h. Not be included as a cost or used to meet cost sharing or matching requirements of any other federal award in either the current or a prior period, except as specifically provided by federal law or regulation.
- i. Be the net of all applicable credits.
- j. Be adequately documented.

Counseling - Guidance to individuals, families, groups, and communities by such activities as giving advice, offering decision alternatives, helping to articulate goals, and providing needed information.

Expenditure - The charges made by a recipient to the federally sponsored project or program. Charges may be reported on a cash or accrual basis. "Cash basis" means an accounting method in which revenues and expenses are recorded on the books of account when received and paid, respectively, without regard to the period in which they are earned or incurred. Cash basis is distinguished from accrual basis. "Accrual basis" means an accounting method in which revenues and expenses are identified with specific periods of time, such as a month or year, and are recorded when they are earned or incurred, without regard to the date of receipt or payment of cash. Accrual basis is distinguished from cash basis.

Medical Accuracy - Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Mentoring - Provide young people with safe and trusting relationships; healthy messages about life and social behavior; appropriate guidance from a positive adult role model; and opportunities for increased participation in education, civic service, and community activities.

Objectives - The specific changes expected as a result of the program.

S.M.A.R.T. Objectives - Objectives that are Specific, Measurable, Achievable, Realistic, and Time-framed.

Obligations - Per 45 CFR Part 92, this means the amounts of orders placed, contracts and sub-grants awarded, goods and services received, and similar transactions during a given period that will require payment by the grantee during the same or a future period.

Project Period - The total time for which federal support has been programmatically approved as shown in the Notice of Award; however, it does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial budget period, any subsequent competitive segments resulting from a competing continuation award(s), and any no-cost or low-cost extension(s).

State - For purposes of this announcement, 59 entities are eligible, including the 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Northern Mariana Islands, Federated States of Micronesia, the Marshall Islands, and Palau.

Youth - An individual who has attained age 10, but has not attained age 20.

II. AWARD INFORMATION

The process for fulfilling requirements necessary to utilize FY 2013 State Abstinence Program funding requires the submission of an application for funding, which will include the federally required standard application documents, assurances, and other documents as outlined in *Section IV.B. Form and Content of Application for Funding Submission* of this FOA. The application also includes the implementation plan as outlined in *Section IV.B.10. Program Narrative*.

Anticipated Total Priority Area Funding

The State Abstinence Program was extended through FY 2014, under the Affordable Care Act. This FOA instructs states in how to apply for funding for FY 2013. A total of \$50,000,000 is available for each budget year.

Length of Budget Periods

In accordance with section 503(b) of the Social Security Act (42 U.S.C. § 703(b)), “Any amount payable to a State under this title from allotments for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligation during the next fiscal year. No payment may be made to a State under this title from allotments for a fiscal year for expenditures made after the following fiscal year.” For example, funds awarded to the states in FY 2013 are available for obligation through September 30, 2014. Funds awarded in FY 2013 must be obligated by September 30, 2014.

Obligation Periods

Each fiscal year allocation will remain available for obligation by the state through the end of the subsequent fiscal year, with an additional 90 -day period for liquidation. Allocations for FY 2013 will remain available for obligation until September 30, 2014 (with an additional 90 days for liquidation). **The Office of the Treasury will retain funds after the final date for liquidation has passed. Grantees cannot request to carryover funds for additional award periods.** The Chart below provides a timeline of the program project periods for FY 2013 and 2014.

<u>Fiscal Year</u>	<u>Applicant/Grantee Action Required</u>	<u>Budget Period for Obligation</u>	<u>Fund Expenditure</u>
2013	Submit application and receive ACYF/FYSB approval.	Approval date to September 30, 2014.	All obligated funds must be expended by December 29, 2014.
2014	Submit letter of intent.	Approval date to September 30, 2015.	All obligated funds must be expended by December 29, 2015.

Length of Project Periods

The project period under this FOA is 48 months. But applications for funding submitted by states only cover funding for FY 2013. States will be required to submit letters of intent for funding awarded in the year FY 2014.

States must submit one budget information form (SF-424A) with their FY 2013 application. States may submit a revised budget information form (SF-424A) when submitting their letters of intent for future years.

Allocations

Grants awarded to each state are determined by a formula using the state's proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the estimated allotment for each state or territory will be updated based on the most current available census data and will be communicated to states by August 15 of the preceding fiscal year. Census data are unavailable for the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Thus, the allocations for these three entities are based on the amounts allocated to them by HHS in prior fiscal years.

See *Appendix A* for FY 2013 estimated allotments.

Approved Application

States that submit an application that is approved will receive a grant award by September 30, 2013. As noted above, FY 2013 funding must be obligated by September 30, 2014.

Funding Restriction

Funds may be used to cover costs of personnel, consultants, equipment, supplies, grant-related travel, and other grant-related costs. Funds may not be used for building alterations or renovations, construction, fundraising activities, political education, or lobbying. Funds under this announcement cannot be used for the following purposes:

- To supplant or replace current public or private funding;
- To supplant ongoing or usual activities of any organization involved in the project;
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- To reimburse pre-award costs; or
- To support planning efforts and other activities associated with the program or application.

Funds must be used in a manner consistent with program requirements as outlined in this FOA. Allowable administrative functions/costs include:

- Usual and recognized overhead, including indirect rates for all consortium organizations that have a federally approved indirect cost rate;
- Management and oversight of specific project components funded under this program; and
- Development and submission of the application document.

III. ELIGIBILITY INFORMATION

A. Eligible Applicants

A total of 59 states and territories are eligible. Eligible entities include all 50 states, the District of Columbia, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This is the exclusive list of eligible recipients found in the Code of Federal Regulations (45 CFR Part 96.2).

The authorized representative, established under State law, shall apply for and administer the State Abstinence Education Program. A signed letter from the authorized representative must accompany each application; it should include documentation or a citation establishing the authorized representative's authority to apply for and administer State Abstinence Program funds on behalf of the state.

The authorized representative may consult the State Maternal and Child Health Services Agency (as outlined by section 505(a)(5)(F) of the Social Security Act) and/or other relevant State agencies, such as the State Department of Education, for the plan development.

B. Cost Sharing or Matching

The applicant must fund no less than 42.857 percent (3/7ths) of the project's total cost with non-federal resources while ACYF/FYSB will fund no more than 57.143 percent (4/7ths) of the project's total cost (section 503(a) of the Social Security Act) (42 U.S.C. §703(a)). For example, if a state's total program cost is \$100,000, the ACYF/FYSB allotment is \$57,143 and the state must provide a match of \$42,857. The match may be state dollars, local government dollars, private dollars such as foundation dollars, or in-kind support.

The Formula to calculate the match requirement based on the given federal allotment:

$$(\text{Federal Grant} \times (7/4)) \times (3/7) = \text{Match Requirement}$$

For example:

$$(\$57,000 \times (7/4)) \times (3/7) = \$43,000$$

The non-federal match must be used solely for the activities enumerated under section 510 of the Social Security Act and must be accounted for on the Financial Status Report (SF-425).

Matching requirements (including in-kind contributions) of less than \$200,000 (up to \$199,999) are waived under grants made to the governments of American Samoa, Guam, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands (other than those consolidated under other provisions of 48 U.S.C. § 1469) pursuant to 48 U.S.C. § 1469a(d). This waiver applies whether the matching required under the grant equals or exceeds \$200,000.

C. Other

Subawards

States may fund subawards with the State Abstinence Program award and may pass on match requirements to subawardees. States are required to verify the medical accuracy of all materials used by subawardees.

Medical Accuracy

Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. If states choose to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact. The requirement for states receiving funding under section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by subawardees of the state as well. Specific instructions for certifying medical accuracy are included later in this FOA.

Section 317P(c)(2) of the Public Health Service Act

Mass produced educational materials that are specifically designed to address STDs/STIs are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. §247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate, objective, complete, and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

Applicants must sign the assurance contained in *Appendix B* and submit it with their application for funding.

Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period(s), grantees will be required to correct the inaccuracies.

D. Additional Eligibility Requirements

DUNS Number and System for Award Management Eligibility Requirements (SAM.gov)

All applicants must have a DUNS number (www.dnb.com) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at:

https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf

HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive subawards directly from recipients of those grant funds to:

- Be registered in the SAM prior to submitting an application or plan;
- Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its active DUNS number in each application or plan it submits to the OPDIV.

ACF is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, ACF:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

IV. APPLICATION AND SUBMISSION INFORMATION

A. Application for Funding and State Application Checklist

Submit all documents in the order listed in the checklist for the Application for Funding and State Application Checklist. Each item is described in more detail in *Section IV.B-E* for Application for Funding and State Application Checklist submission information. See *Appendix E* for a detailed Application Checklist.

FY 2013 State Abstinence Program Application for Funding Checklist
1. Letter from the Authorized Representative (Transmittal Letter)
2. State Application Cover Page
3. Table of Contents
4. Application Abstract
5. Application for Federal Assistance (SF-424) and Project/Performance Site Location (SF-P/PSL)
6. Budget Information- Non-Construction Projects SF-424A
7. Certification Regarding Lobbying
8. Assurances for Non-Construction Projects (SF-424B)
9. Disclosure of Lobbying Activities SF-LLL
10. Program Narrative
11. Budget Narrative Justification

12. Appendices

B. Form and Content of Application for Funding Submission

1. Letter from the Authorized Representative (Transmittal Letter)

The transmittal letter signed by the Authorized Representative must include the Code of Federal Domestic Assistance (CFDA) Number 93.235 and “State Abstinence Program” as the priority area to which the application is responding. The letter should also include documentation or a citation of the authority of the authorized representative to apply for and administer funds on behalf of the state. The transmittal letter should be included with all copies of the application.

IMPORTANT: The Office of Grants Management sends quarterly notices of grant award to fiscal staff within state agencies that are on record in the U.S. Department of Health and Human Service’s Payment Management System as the appropriate recipients for such notices. If the state applicant wants to change the address or the recipient of the official Notices of Grant Award, the state must indicate so in the cover letter that accompanies the application. The address can be changed only before the first quarter award is made each year.

2. State Application Cover Page

The applicant must include the following information on the cover page:

- Project Title
- Applicant Name
- Service area included in the application, described by county and USPS zip codes: zip-three code(s) for one or more entire counties, zip-five codes for any partial-county areas included in the proposed service area
- Fiscal Year
- Grant Allocation Amount
- Address
- Contact Name
- Contact Phone Numbers (Voice, Fax)
- E-mail Address and Website Address, if applicable

3. Table of Contents

Provide a table of contents that includes all items listed in the application checklist.

4. Application Abstract

The application abstract serves to provide federal staff with a summary of the applicant’s most important program information. By formatting the information through bulleted lists rather than through narrative, program office staff and State Coordinators from other states can quickly identify the program strategies used in the state.

Include in your abstract the following information:

Contact and Grant Request Information

State:

Fiscal Year:

Grant allocation amount:

	Prefix	First and Last Name	Suffix	Title	Telephone	Email Address
Contact Person						
Project Director						
Authorized Representative						

Additional Staff to Receive Correspondences:

Any Additional Pertinent Information such as Abstinence Program Website:

5. Application for Federal Assistance (SF-424) and the Project/Performance Site Location (SF-P/PSL)

Standard Forms (SFs) are available in the Grants.gov Forms Repository website. Versions of other Standard Forms are also available on the OMB Grants Management Forms website.

- For the CFDA Number (box 11), enter 93.235.
- For the CFDA Title, enter “State Abstinence Program.”
- For the estimated funding (box 18), make sure that all totals match those provided on the budget summary (SF-424A).

The Project/Performance Site Location form (SF-P/PSL) was implemented in FY 2010. Applicants must cite their primary location of operation (recipient) and up to 30 project performance sites (recipient and subawardees).

SF-P/PSL Project/Performance Site Location Submission

States should submit the SF-P/PSL along with the application. However, FYSB realizes some states may have mandatory procurement processes for subawardees that may cause long delays for contracting subawardees. In that case, we ask states to briefly describe the subawardee procurement process in the program narrative, along with an estimate of the subawardee procurement timeframe. Once the state completes the procurement process, the state then must submit documentation regarding subawardee agreements and an updated SF-P/PSL to FYSB.

6. Budget Information - Non-Construction Projects -SF-424A

States will submit one budget information form with this application, which will be reviewed in light of their proposed activities for the budget period.

Complete sections A (Budget Summary) through F (Other Budget Information) of the SF-424A. The SF-424A is available at the: [Grants.gov Forms Repository web site](https://www.grants.gov/forms-repository).

Special Instructions for section B (bottom half of page 1 of the 2-page form)

- Column (1) should be devoted to the federal grant.
- Column (2) should be devoted to the state match.
- Columns (3) and (4) should only be used when submitting revised budget requests for a grant already awarded.
- Column (5) should be the total of the federal and state match.
- Federal grant regulations permit grantees to use funds for subawards. If the state decides to enter into subawards, the total of all subaward budgets should be reflected in the “Contractual” line item (section B, line f).
- When filling out section B electronically, please be sure to check that any additions calculated by a software program, which can misread the column headings (1), (2), and (3), are correct.

Grant applicants should include in their budget travel cost for at least one key staff person to attend the annual conference to be held in the Washington, D.C. area. The costs for attendance should address travel, lodging, meals, and incidentals.

7. Certification Regarding Lobbying

The Certification Regarding Lobbying is required of all applicants. Applicants must furnish an executed copy of the *Certification Regarding Lobbying* prior to the award of the grant. The certification is available at [http:// www.acf.hhs.gov /grants/grants_resources.html](http://www.acf.hhs.gov/grants/grants_resources.html).

8. Assurances for Non-Construction Projects (SF-424B)

Applicants must submit the appropriate certification of their compliance with all federal statutes relating to non-construction programs by submitting SF-424B with their application. Standard Forms (SFs) are available in the Grants.gov Forms Repository website. Versions of other Standard Forms are also available on the OMB Grants Management Forms website.

Applicants must make the appropriate certification of their compliance with all federal statutes relating to non-discrimination, including 45 CFR Part 87. By signing and submitting the application, the applicant is providing the certification and need not mail a certification form.

Applicants must sign and submit the Medical Accuracy Certification in *Appendix B* of their compliance with the requirement that all educational materials and curricula designed, mass produced, and used for instructional and informational purposes are medically accurate. Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

9. Disclosure of Lobbying Activities (SF-LLL)

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and

submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award.

10. Program Narrative

Important: Applications submitted by states cover funding for FY 2013. States will be required to submit additional letters of intent for the years FY 2013 through FY 2014.

Use each of the headings in bold below throughout the application narrative. This will help the applicant, the reviewer, and federal staff to gain a clear picture of the proposed program.

Description of Problem and Need

This section requires the applicant to establish a simple needs assessment of problems related to teen pregnancy and STDs/STIs in the state and which groups are most at risk for out-of-wedlock births and have the greatest need for abstinence interventions, as defined by section 510(b) of the Social Security Act.

The discussion may include brief descriptions of existing programs and/or gaps therein that address the problems. However, the applicant should avoid detailed descriptions of these programs. The goal is not to describe all programs and activities in the state, but rather to demonstrate that the applicant has assessed how best to use the available grant funds.

Target Population

From the identified target populations, the state should identify those with greatest need that it will serve. Also, describe any analysis that was conducted to identify these groups.

The applicant should describe the proposed target groups in detail and demonstrate how and why they were chosen. In cases where groups have equal needs, the state may describe how infrastructure, systems, local support, feasibility, and service recipient participation were considered in identifying target populations.

The applicant should *not* include a list of grantee needs for reaching the target population(s) in this section but in the appropriate section below.

End this section with a clear bulleted list of the proposed target populations.

Implementation Plan

The Implementation Plan is a critical part of the Program Narrative and therefore of the State Plan.

As outlined in the *Section I., Program Design Components – Goals(s), Objectives, and Logic Models*, describe the goal(s) statement and process and outcome objectives of all planned activities. ACYF/FYSB encourages the use of logic models and the inclusion in the proposal of any logic models that have been developed that support the implementation plan. Additional information about the development of logic models is available in *Appendix D*.

The remainder of this section details additional required information for the overall Implementation Plan.

The applicant must develop an implementation plan based on the problem and need for reaching the proposed target population(s). Develop and identify goals, activities, mechanisms, and a short set of broad steps that will be used to implement the activities. For each step include the responsible party, the expected outputs, and the start and end dates.

The applicant should involve service recipients in this process and describe how they were involved. Also, describe how the state proposes to involve service recipients in the actual implementation of the proposed plan.

ACYF/FYSB encourages the use of logic models and the inclusion in the proposal of any logic models that have been developed that support the implementation plan. Additional information about the development of logic models is available in *Appendix D*.

Barriers

Describe any potential barriers to the implementation plan and how the state proposes to overcome the barriers.

Mechanisms

If the state plans to develop formal partnerships, describe the mechanisms that will be used and the types of services the partners will provide. Formal partners are those with whom the state will establish legal agreements through grants, contracts, interagency agreements, memoranda of agreement, memoranda of understanding, etc.

Monitoring

If the state plans to develop formal partnerships, develop and describe a monitoring plan the state will use to assure program integrity to the proposed plan and the priorities of the state and of ACYF/FYSB.

Coordination

Describe the proposed coordination of the program with groups such as:

- HHS Teen Pregnancy Prevention grantees
- Personal Responsibility Education Program grantees
- State Child Welfare Agencies, Education Agencies, or Public Health Agencies

Service Recipient Involvement

Briefly describe how the state proposes to make the state's proposed plan public within the State after its transmittal to ACYF/FYSB in such a manner as to facilitate comment from any person (including service recipients and any federal or other public agency). For example, the State may post the proposed plan on the web, hold listening sessions or town hall meetings, establish or continue an advisory board for the program, or send the plan to interested groups, etc.

Referrals

Describe various needs of service recipients that the program will not be able to meet and which may require referrals to other entities. Describe entities to which the state proposes to refer such service recipients.

Objective Performance Measures and Efficiency Measures

Describe at least two program-related objective *outcome* measures that the state proposes to use to measure its success in reaching key goals. Outcome measures are those designed to measure behavior, attitudes, knowledge, and beliefs of service recipients served. One of the outcome measures must include abstinence as the means of preventing teen pregnancy, birth, and/or STDs/STIs.

States may develop additional performance measures, including both outcome and output measures. Output measures are those designed to measure the success of the program staff in implementing activities, such as the number of program recipients or communities served.

Objective Efficiency Measures

As in previous years, states are required to collect and report data on the service recipients served in the program. The data are used by federal staff to analyze the success of ACYF/FYSB in accomplishing its long-term objective efficiency measures, which are measures of cost or of the amount of other resources per unit of output (such as dollar spent per program recipient served, dollar spent per hours of service received, or staff hours invested per program recipient served, etc.)

The data is collected in the Performance Progress Report (PPR), Table D- Activity Results. Standard forms and information on the PPR are available at:

<http://transition.acf.hhs.gov/programs/fysb/resource/aegp-progress-report>.

For each of sections listed below, describe how the state proposes to collect and report the relevant data in the proposed fiscal year.

The applicant need not include these forms in the application, but rather should develop plans for using them. Grantees will be required to include these forms in program reports.

Unduplicated Count of Clients Served (Section A)

The purpose of Section A, Unduplicated Count of Clients Served, is to track and report the unduplicated number of service recipients served for each program year. Each service recipient is counted only once.

Hours of Service Received by Clients (Section B)

The purpose of Section B, Hours of Service Received by Clients, is to track and report the total number of class hours provided to adolescents and/or adults aged 10 to 20 years.

Program Completion Data (Section C)

The purpose of Section C, Program Completion Data, is to track and report the total number of all service recipients who complete the various program(s) offered. A grantee may have several

programs, such as separate programs for middle school and high school students, mentoring, counseling, events, parent education programs, adult supervision, etc. Data should be recorded for each program.

Communities Served (Section D)

The purpose of Section D, Communities Served, is to track and report geographical areas in which the grantee has provided services. FYSB uses the data for determining underserved areas and reporting grant information to Congress.

Description of Programmatic Assurances

For each of the three requirements related to legislative priorities below, describe measures (such as contract language, report requirements, site visits, etc.) that the state will use to assure compliance.

1. Applicants for subawards understand and agree formally to the requirement of programming to not contradict section 510 (b)(2) A-H elements.
2. Materials used by sub-awardees do not contradict section 510(b)(2) A-H elements.
3. Curricula and materials must be reviewed for medical accuracy* by awardees and subawardees.

*If states choose to teach values-based perspectives, it is permissible under this statute. However, a state may not present information as factual when it reflects a value or opinion instead of fact. The requirement for states receiving funding under section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by subawardees of the state as well.

Section 317P(c)(2) of the Public Health Service Act

Mass produced educational materials that are specifically designed to address STDs/STIs are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. § 247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

Budget Discussion

IMPORTANT: This section of the narrative is where the applicant comments on budgetary documents. The applicant inserts the actual budget documents in *Sections 6 and 14* of the application.

Provide a general description of how the proposed budget, matching funds, and subawardee budgets support the administrative and programmatic activities necessary to manage the program and to accomplish the proposed activities. This is not the budget justification.

Describe the proposed process for monitoring the subawardees' budget management.

Describe how allocated funds are proposed to support service recipient involvement in the implementation of the proposed project.

Identify sources of non-federal funds.

Describe the qualifications of the key personnel, including the Program Coordinator and any subawardee key personnel.

Provide assurances that the work of personnel supported through this grant, as staff or through sub-awards, directly supports the accomplishment of the program goals.

Describe subawardee documents included in the application.

Include in the budget travel cost for at least one key staff person to attend the annual conference

11. Appendices

Include all appendices that the state deems necessary to support its program narrative.

Medical Accuracy Certification

The Medical Accuracy Certification in *Appendix B* should be signed and submitted with the application. Signing and submitting the form certifies the grantee's compliance with the requirement that all educational materials and curricula designed, mass produced, and used for instructional and informational purposes are medically accurate. Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.

12. Budget Narrative/Justification

For Section B of the Budget Information Form (SF-424A), applicants must submit a *detailed* budget justification for each line item within the object class categories (6a-j) on a supplemental sheet(s) of paper. The budget justification should include detailed sub-categories of section 6a-j. For example, section 6f on SF-424A includes one cell devoted to federal contractual costs. However, the budget justification should break the cost into the cost for each proposed contract. The budget narrative must also include a breakdown of the allocation of federal and non-federal funding. For more guidance on the budget narrative see *Appendix G*.

C. Submittal and Copy Requirements for the Application for Funding

Submission Dates and Times

All applications **MUST** be received by the application due date. ACF has not implemented electronic application for applicants for mandatory awards.

Extension of Deadlines

ACYF/FYSB may extend an application due date and receipt time when circumstances such as natural disasters occur (floods, hurricanes, etc.) when there are widespread disruptions of mail service or in other rare cases. The determination to extend or waive due date and receipt time requirements rests with ACYF/FYSB's Chief Grants Management Officer. To request an

extension, applicants should contact: Jewellynne Tinsley at 202-205-9462 or email Jewellynne.tinsley@acf.hhs.gov.

Electronically Submitted Applications

ACYF/FYSB cannot accommodate transmission of applications by facsimile or email.

Mail Submission

Mail or hand-deliver your application to:

Jewellynne Tinsley
U. S. Department of Health and Human Services
Administration for Children and Families
Family and Youth Service Bureau
Portals Office Building, Suite 8308
1250 Maryland Avenue, SW
Washington, DC 20024

Hand-Delivered Applications

Applications hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on or before the application due date, between the hours of 8:00 a.m. and 4:00 p.m., ET, Monday through Friday (excluding federal holidays).

When you arrive at the building, call either of the two telephone numbers from the lobby. Someone will meet you in the lobby to receive the application. The main telephone numbers are (202) 205-9462 or (202) 205-9605.

Application Format

- The Program Narrative and Budget Narrative combined must not exceed 80 pages.
- Use standard sized paper (8 ½ x 11 inches).
- Use a font size no smaller than Arial 10 or Times New Roman 12.
- Tables and/ or Charts are permitted throughout the application.
- Clearly number all pages (including forms, narrative, and appendices) in one serial number set, handwritten if necessary.
- Include a table of contents.
- Submit all materials UNSTAPLED AND UNBOUND.
- Submit an original and one copy.

D. Intergovernmental Review of Federal Programs

This program is not subject to state review by Executive Order 12372 and does not require review by the State's Single Point of Contact (SPOC).

E. Summary of Standard Forms and Certifications to Include in the Application for Funding are available at [http:// www.acf.hhs.gov /grants/grants_resources.html](http://www.acf.hhs.gov/grants/grants_resources.html).

Application for Federal Assistance - SF-424

fillable and savable

Budget Information Form – SF-424A (State Plan only)	fillable and savable
Certification Regarding Lobbying	can be copied or printed
Disclosure of Lobbying Activities – SF-LLL (if needed)	fillable and savable
Assurances for Non-Construction Programs	fillable and savable

V. APPLICATION REVIEW INFORMATION

The Secretary of HHS will approve any application that meets the requirements of this announcement. The Secretary will not disapprove an application/State plan except after reasonable notice of the Secretary’s intention to disapprove has been provided to the applicant and after a 6- month period providing an opportunity for the applicant to correct any deficiencies. The notice of intention to disapprove will be provided to the applicant within 45 days of the date of the submission of the application.

VI. AWARD ADMINISTRATION INFORMATION

A. Award Notices:

Approval Status

States that submit applications will be notified by the Abstinence Program Office of approval status through the issuance of an application review packet. A packet containing an originally signed cover letter will be sent to the authorized representative that signed the application summary (SF-424, section 21).

B. Anticipated Award Date:

Approval Decision of the application by ACYF/FYSB will be made within 60 days of the date of application submission.

C. Terms and Conditions:

General Terms and Conditions applicable to mandatory award programs and additional financial requirements specific to this program can be found at <http://www.acf.hhs.gov/grants/terms-and-conditions>.

D. Administrative and National Policy Requirements:

Awards issued under this announcement are subject to 45 CFR Part 96 – Block Grants.

Awards issued under this FOA are subject to the uniform administrative requirements and cost principles of 45 CFR Part 74 (Awards And Sub-awards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations) or 45 CFR Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments). The Code of Federal Regulations (CFR) is available at <http://www.gpo.gov>.

An application funded with the release of federal funds through a grant award does not constitute, or imply, compliance with federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable federal regulations.

Equal Treatment for Faith-Based Organizations

Grantees are also subject to the requirements of 45 CFR Part 87.1(c), Equal Treatment for Faith-Based Organizations, which says, "Organizations that receive direct financial assistance from the [Health and Human Services] Department under any Department program may not engage in inherently religious activities such as religious instruction, worship, or proselytization as part of the programs or services funded with direct financial assistance from the Department."

Therefore, organizations must take steps to completely separate the presentation of any program with religious content from the presentation of the federally funded program by time or location *in such a way that it is clear that the two programs are separate and distinct*. If separating the two programs by time but presenting them in the same location, one program must *completely* end before the other program begins.

A faith-based organization receiving HHS funds retains its independence from federal, state, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives federal funds retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of HHS -funded activities.

Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against federal funding of inherently religious activities, "Understanding the Regulations Related to the Faith-Based and Neighborhood Partnerships Initiative" are available at <http://www.hhs.gov/partnerships/about/regulations/>. Additional information, resources, and tools for faith-based organizations are available through The Center for Faith-based and Neighborhood Partnerships website at <http://www.hhs.gov/partnerships/index.html> and at the [Administration for Children & Families: Toolkit for Faith-based and Community Organizations](#).

Requirements for Drug-Free Workplace

The Drug-Free Workplace Act of 1988 (41 U.S.C. § 8102 et seq.) requires that all organizations receiving grants from any federal agency agree to maintain a drug-free workplace. By signing the application, the Authorizing Official agrees that the grantee will provide a drug-free workplace and will comply with the requirement to notify ACF if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Governmentwide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR Part 182; HHS implementing regulations are set forth in 2 CFR Part 382.400. All recipients of ACF grant funds must comply with the requirements in Subpart B - Requirements

for Recipients Other Than Individuals, 2 CFR Part 382.225. The rule is available at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=18b5801410be6af416dc258873ffb7ec;rgn=div2;view=text;node=20091112%3A1.1;idno=49;cc=ecfr>.

Debarment and Suspension

HHS regulations published in 2 CFR Part 376 implement the governmentwide debarment and suspension system guidance (2 CFR Part 180) for HHS' non-procurement programs and activities. "Non-procurement transactions" include, among other things, grants, cooperative agreements, scholarships, fellowships, and loans. ACF implements the HHS Debarment and Suspension regulations as a term and condition of award. Grantees may decide the method and frequency by which this determination is made and may check the Excluded Parties List System (EPLS) located at <https://www.epls.gov/>, although checking the EPLS is not required. More information is available at http://www.acf.hhs.gov/grants/grants_resources.html.

Pro-Children Act

The Pro-Children Act of 2001, 20 U.S.C. §§ 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education, or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services, to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

E. Reporting Requirements:

Form SF-425 Federal Financial Reports (FFR)

An annual expenditure report is required to be submitted using Form SF-425, the "Federal Financial Report." The interim submission is due within 90 days of the end of the first fiscal year; the final submission is due within 90 days of the end of the second fiscal year. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VII. Agency Contacts* of this announcement.

Note that both ACF and OMB are in the process of implementing requirements for mandatory agency-wide and government-wide electronic financial reporting, respectively. Once these

requirements are enacted, paper copies of financial forms will no longer be accepted. ACF operates the On-Line-Data-Collection (OLDC) system for this purpose and encourages all grantees to submit periodic financial forms in this manner. Additional information on frequency of reporting is available on the ACF Funding Opportunities Website at: <http://www.acf.hhs.gov/grants/implementation-of-the-federal-financial-reporting-form-sf-425-0>.

Performance Progress Reports (PPR)

State grantees under the Abstinence Program will be required to submit progress reports semi-annually. Reports will be due 30 days after the conclusion of the reporting period.

Failure to submit reports on time may be a basis for withholding grant funds, suspension, or termination of the grant. In addition, all funds reported after the obligation period will be recouped. Performance Progress Reports instructions and forms are available at: <http://transition.acf.hhs.gov/programs/fysb/resource/aegp-progress-report>.

Cover Letter

A cover letter must accompany the Performance Progress Report and must include the CFDA Number 93.235 and “State Abstinence Program” as the priority area to which the grantee is responding.

Forms

Performance Progress Report, Performance Narrative

Performance Progress Report, Table of Activity Results

Due Date and Transmittal Options

The Program Progress Report for FY 2013 is due April 30, 2013. For future years, please see the Reporting Timeline in *Appendix F*.

Transmittal

Grantees will submit the progress reports online via the ACF Online Data Collection (OLDC) platform. Successful applicants will receive further reporting guidance.

F. Other Information

Updates to Application

ACF will send states guidance for submitting any updates to their FY 2013 applications.

The Paperwork Reduction Act of 1995, as amended (44 U.S.C. §§ 3501-3520)

Public reporting burden for information collections in this FOA are estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection information.

The Application and Performance Progress Report requirements are approved under OMB control number 0970-0381, which expires 03/31/2014. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Project Continuation

Each approved state must submit a letter of intent for funding in FY 2013 and FY 2014. The letter of intent must include the following information:

- Grant Document Number (1001-*State Abbreviation*-Abstinence);
- Level of refunding (i.e. allotment) and amount of match;
- Description of changes to the previously approved plan;
- Corrective Action update, as applicable and as requested;
- Addendum Documents: Submission of modifications of changes to any aspect of the original application FY 2010 or FY 2012, to include SF-424, SF-424A, budget, budget narrative, SF-P/PSL, and lobbying certification;
- Signature of the Authorized Representative on the Grant Application (SF-424);
- Documents required for the letter of intent, as notified and instructed in writing by FYSB; and
- The due date for the Letter of Intent for FY 2013 will be 30 days after the states receive notification of required documentation and formatting from FYSB.

VII. AGENCY CONTACTS

State Abstinence Program Office Contact

Jewellynne Tinsley
U. S. Department of Health and Human Services
Administration for Children and Families
Family and Youth Service Bureau
Portals Office Building, Suite 8308
1250 Maryland Avenue, SW
Washington, DC 20024

Tel: (202) 205-9462

E-mail: Jewellynne.tinsley@acf.hhs.gov

Federal Relay Service:

Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

State Abstinence Program Grants Management Office Contact

Michael Bratt
Senior Grants Officer
Administration for Children and Families
Office of Grants Management
Division of Mandatory Grants
370 L'Enfant Promenade, SW
Washington, DC 20447
Tel: 202-401-4629

E-mail: michael.bratt@acf.hhs.gov

VIII. REFERENCES

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IX. APPENDICES

APPENDIX A - ESTIMATED ALLOTMENTS FOR FY 2013

APPENDIX B - MEDICAL ACCURACY CERTIFICATION

**APPENDIX C - GUIDANCE FOR ACYF/FYSB ABSTINENCE PROGRAM
GRANTEES THAT IMPLEMENT RELIGIOUS PROGRAMS**

**APPENDIX D - RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC
MODELS**

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APPENDIX F- REPORTING TIMELINE

APPENDIX G- BUDGET NARRATIVE/JUSTIFICATION GUIDANCE

APPENDIX A - ESTIMATED ALLOTMENTS FOR FY 2013

STATE/TERRITORY	Original FY 2013 Allocations	FY 2013 Allocations as Reduced by Sequestration
Alabama	\$904,590	\$858,380
Alaska	\$79,390	\$75,334
Arizona	\$1,281,713	\$1,216,238
Arkansas	\$579,159	\$549,574
California	\$6,142,681	\$5,828,890
Colorado	\$639,601	\$606,928
Connecticut	\$350,107	\$332,222
Delaware	\$103,775	\$98,474
District of Columbia	\$93,617	\$88,835
Florida	\$2,887,875	\$2,740,352
Georgia	\$1,906,065	\$1,808,696
Hawaii	\$149,798	\$142,146
Idaho	\$250,988	\$238,167
Illinois	\$1,940,000	\$1,840,898
Indiana	\$1,063,381	\$1,009,060
Iowa	\$361,950	\$343,460
Kansas	\$393,564	\$373,459
Kentucky	\$811,533	\$770,076
Louisiana	\$935,517	\$887,727
Maine	\$146,047	\$138,586
Maryland	\$526,668	\$499,764
Massachusetts	\$624,101	\$592,220

Michigan	\$1,650,532	\$1,566,217
Minnesota	\$572,446	\$543,204
Mississippi	\$694,642	\$659,157
Missouri	\$901,835	\$855,765
Montana	\$127,037	\$120,547
Nebraska	\$241,470	\$229,135
Nevada	\$425,637	\$403,893
New Hampshire	\$97,336	\$92,364
New Jersey	\$872,838	\$828,250
New Mexico	\$463,777	\$440,086
New York	\$2,802,179	\$2,659,034
North Carolina	\$1,708,337	\$1,621,069
North Dakota	\$64,320	\$61,034
Ohio	\$1,888,561	\$1,792,086
Oklahoma	\$635,932	\$603,447
Oregon	\$587,855	\$557,825
Pennsylvania	\$1,567,680	\$1,487,597
Rhode Island	\$138,874	\$131,780
South Carolina	\$874,491	\$829,819
South Dakota	\$105,475	\$100,087
Tennessee	\$1,137,264	\$1,079,168
Texas	\$5,390,338	\$5,114,979
Utah	\$406,730	\$385,953
Vermont	\$53,818	\$51,068
Virginia	\$825,444	\$783,278
Washington	\$834,465	\$791,837

West Virginia	\$287,835	\$273,131
Wisconsin	\$697,597	\$661,961
Wyoming	\$60,966	\$57,852
American Samoa	\$49,639	\$47,103
Guam	\$49,061	\$46,555
Northern Mariana Islands	\$19,381	\$18,391
Puerto Rico	\$1,470,220	\$1,395,116
Marshall Islands	\$13,501	\$13,501
Micronesia	\$47,492	\$47,492
Palau	\$21,000	\$21,000
Virgin Islands	\$41,874	\$39,735
Total	\$50,000,000	\$47,450,000

APPENDIX B MEDICAL ACCURACY CERTIFICATION

Abstinence Education Grant Program

As the authorized individual signing this grant application on behalf of [NAME OF APPLICANT], I hereby attest and certify that we will make every reasonable effort to ensure that materials proposed in this application and funded during the project period of this grant are medically accurate.

Signature

Date

APPENDIX C- GUIDANCE FOR ACYF/FYSB ABSTINENCE PROGRAM GRANTEES THAT IMPLEMENT RELIGIOUS PROGRAMS

1. Religious Materials

Eliminate all religious materials from the presentation of the Federally funded program. This includes:

- Bibles or other books of worship;
- Registration materials that include religious inquiries or references;
- Follow-up activities that include or lead to religious outreach; and
- Religious content in materials.

45 CFR Part 87.2(c). ("If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department". 69 F R. 42586, 42593 (2004).

2. Separate and Distinct Programs

Any program with religious content must be a separate and distinct program from the federally funded program, and the distinction must be completely clear to the recipient. Some of the ways in which this may be accomplished include, but are not limited to, the following examples:

- Creating separate and distinct names for the programs;
- Creating separate and distinct looks for the promotional materials used to promote each program; and
- Promoting *only* the federally funded program in materials, websites, or commercials purchased with *any portion* of the federal funds.

Note: If an organization offers both a federally funded program and a religious program that provide the same social service, or the clients served are children, it is very important that the separation between the programs be accentuated.

45 CFR Part 87.2(c). ("Organizations that receive direct financial assistance from the Department [under any Department program] may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department.") 69 Fed Reg. 42586, 42593 (2004).

3. Separate Presentations

Completely separate the presentation of any program with religious content from the presentation of the federally funded program by time or location *in such a way that it is clear that the two programs are separate and distinct*. If separating the two programs by time but presenting them in the same location, one program must *completely* end before the other program begins.

Some of the ways in which separation of presentations may be accomplished include, but are not limited to, the following examples:

- **The programs are held in completely different sites or on completely different days.**
- **The programs are held at the same site at completely different times.** Separation may be accomplished through such means as:
 - Have sufficient time between the two programs to vacate the room, turn down the lights, leave the stage, etc., in order to reasonably conclude the first program before beginning the second;
 - Completely dismiss the participants of the first program;
 - The second program could follow in the same room or, where feasible, in a different room to further distinguish the difference between the programs.
- **The programs are held in different locations of the same site at the same time.** Separation may be accomplished through such means as:
 - Completely separate registration locations; and
 - Completely separate areas where programs are held such as by room, hallway, or floor, etc.

45 CFR Part 87.2(c). ("If an organization conducts [inherently religious] activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department") 69 F.R. 42586, 42593 (2004).

4. **Availability of Other Programs**

After the federally funded program has ended a grantee may provide a brief and non-coercive invitation to attend a separate religious program.

The invitation should make it very clear that this is a separate program from, and not a continuation of, the federally funded program. It must also be clear that participants are not required to attend the separate religious program, and that participation in federally funded programs are not contingent on participation in other programs sponsored by the grantee organization.

Religious materials, such as a registration that includes religious follow-up may only be provided in the privately funded program rather than the federally funded program.

45 CFR Part 87.2(c). "Participation [in any privately funded inherently religious activities] must be voluntary for beneficiaries of the programs or services funded with [direct Federal financial] assistance." 69 FR 42586, 42593 (2004).

5. **Cost Allocation**

Demonstrate that federal funds are being used only for the federally funded program. Some of the ways in which separation of funds may be accomplished include, but are not limited to, the following examples:

- Implement the use of time sheets that keep track of all staff hours charged to the federally funded grant, whether the staff work in other programs or not.

- Require any staff working in both federally funded programs and other programs to clearly indicate how many hours are spent on each program.
- If any staff works on both a federally-- funded program and a non-federally funded program at the same site on the same day, require the staff to clearly indicate not only how many hours are spent on the federal program but also which specific hours are spent on the federal program. The hours should reflect that time spent on any program with religious content have been completely separated from hours spent on the federally funded program.
- Show cost allocations for all items and activities that involve both programs, such as staff time, equipment, or other expenses such as travel to event sites.

This may be accomplished through such means as:

- Example: if transportation is used to go to a site where a federally funded program is conducted and a religious or non-religious program funded through other means is also conducted by the grantee at the same site, one half of the travel costs (gas, lodging, etc.) should be charged to the federal program. If *three* separate and distinct programs are conducted at a site by a federally funded grantee and one of them is the federally funded program, only one- third of the travel costs should be charged to the Federal program, etc.
- Example: if an electronic device is used 30 percent of the time for the federally funded program, this should be demonstrated through clear record keeping. Only 30 percent of the cost of the electronic device should be charged to the program.

2 CFR Part 225 (OMB Circular A-87), Appendix A. § C.3.a; 45 CFR Part 87.2.

6. **Advertisements**

Federally funded programs cannot limit advertising the grant program services exclusively to religious target populations.

45 CFR Part 87.2(e). "An organization that participates in programs funded by direct financial assistance from the Department shall not, in providing services, discriminate against a program beneficiary or prospective beneficiary on the basis of religion or religious belief."

APPENDIX D- RESOURCES FOR DEVELOPING PROGRAMS AND LOGIC MODELS

A potential resource for identifying and creating relevant programs geared toward outcomes is the Centers for Disease Control and Prevention's (CDC) *10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting To Outcomes (GTO)* (see <http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf>). This guide provides a clear 10-step process to assessing the needs of a community, selecting a program, implementing it, and tracking progress. States and subawardees are encouraged to review these steps in developing their approaches and their logic models.

Another helpful resource is the CDC webpage devoted to Program Evaluation at the Office of the Associate Director for Program - Program Evaluation (see <http://www.cdc.gov/eval/resources/>). This federal website offers links to many online resources focused on logic model development including templates and sample documents.

These resources are intended to be used as a guide for developing logic models. The specific program examples within are not meant to be examples that meet the criteria for this funding opportunity announcement.

Logic Model Format

A logic model is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. The outputs are often expressed as S.M.A.R.T. process objectives. All states and/or subawardees must create logic models that provide an overview of the entire program/activity for the duration in which it is expected to occur. The logic models must detail how inputs (e.g., resources) will be utilized to fund activities for the achievement of specific process and outcome objectives enumerated and ultimately the achievement of the goal(s) statement.

The following is an overview on the construction of logic models. The goal of a logic model is to provide a systematic and visual way to show the connection between program resources, activities, and expected results. States and/or subawardees are encouraged to submit program logic models that include the following aspects:

- 1) Challenges Faced by the Program
 - a. Specific items a program wants to address.
 - b. Example: High rates of teen pregnancy among a specific population.
- 2) Inputs of the Program
 - a. Resources necessary to accomplish goals.
 - b. Example: Funding allocated towards a pregnancy prevention program, through a grant program or in-kind resources.
- 3) Processes/Activities
 - a. The specific actions supported by the inputs.
 - b. Example: Meetings, classes.
- 4) Outputs
 - a. The products of the activities.
 - b. Example: The number of students completing a program.

5) Outcomes

- a. Expected changes as a result of the program. These can be divided into immediate, intermediate (e.g., annual), and long term (e.g., 5-8 years).
- b. Example: (Annual) Increased consistent condom usage among a specific population; (Long-Term) decreased rates of teen pregnancy.

In addition, applicants are encouraged to address the following four areas in the construction of their logic model: demographics (e.g., age, race, sex), external factors which may influence the program's success (e.g., economic situation), the constraints faced by the program (e.g., negotiations with stakeholders, loss of non-federal resources), and the assumptions being made in the adoption of a specific program (e.g., what is believed about the method of intervention that cannot be tested; what is believed about the target population that cannot be tested; etc.).

Applicants who cite local and state demographics to support the targeted populations of interest in their models should support their designs with relevant and current statistics.

APPENDIX E- APPLICATION CHECKLIST

	FY 2013 State Abstinence Program- Application for Funding Checklist
<input type="checkbox"/>	1. Letter from the Authorized Representative (Transmittal Letter)
<input type="checkbox"/>	2. State Application Cover Page <input type="checkbox"/> Project Title <input type="checkbox"/> Applicant Name <input type="checkbox"/> Service area included in the application, described by county and USPS zip codes: zip-three code(s) for one or more entire counties, zip-five codes for any partial-county areas included in the proposed service area <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Grant Allocation Amount <input type="checkbox"/> Address <input type="checkbox"/> Contact Name <input type="checkbox"/> Contact Phone Numbers (Voice, Fax) <input type="checkbox"/> E-mail Address and Website Address, if applicable
<input type="checkbox"/>	3. Table of Contents
<input type="checkbox"/>	4. Application Abstract
<input type="checkbox"/>	5. Application for Federal Assistance (SF-424) and Project/Performance Site Location (SF-P/PSL)
<input type="checkbox"/>	6. Budget Information- Non-Construction Projects SF-424A
<input type="checkbox"/>	7. Certification Regarding Lobbying
<input type="checkbox"/>	8. Assurances for Non-Construction Projects (SF-424B)
<input type="checkbox"/>	9. Disclosure of Lobbying Activities SF-LLL
<input type="checkbox"/>	10. Program Narrative <input type="checkbox"/> In addition to all the FOA required content, please also include: <ul style="list-style-type: none"> ○ The target population or demographic. ○ Location of program delivery (school, community facility, etc.) ○ Description of Problem and Need <input type="checkbox"/> Implementation Plan <input type="checkbox"/> Logic Model <ul style="list-style-type: none"> ○ Program Specific goal statement ○ Up to six outcome objectives with clearly stated objective results. ○ Logic model demonstrating how proposed inputs and activities lead to outcome objectives. <input type="checkbox"/> Barriers

	<input type="checkbox"/> Mechanisms <input type="checkbox"/> Monitoring <input type="checkbox"/> Coordination <input type="checkbox"/> Service recipient involvement <input type="checkbox"/> Referrals Objective Performance and Efficiency Measures <input type="checkbox"/> At least two program measures related objective outcome measures. <input type="checkbox"/> Optional additional performance measures, including outcome and output measures. <input type="checkbox"/> Efficiency measures for collecting and reporting subawarding progress reporting. Description of Programmatic Assurances (Medical Accuracy) <input type="checkbox"/> Applicant for sub-awards understand requirements of 510 A-H <input type="checkbox"/> Material used by sub-awardees to not contradict 510 A-H <input type="checkbox"/> Curricula and materials for medical accuracy review Budget Discussion <input type="checkbox"/> Subaward process <input type="checkbox"/> Allocation to support services recipients <input type="checkbox"/> Identify sources of non-federal fund (match) <input type="checkbox"/> Qualifications of key personnel <input type="checkbox"/> Assurance of personnel support for the Program <input type="checkbox"/> Subawardee documents <input type="checkbox"/> Budget for annual conference
<input type="checkbox"/>	11. Budget Narrative/Justification <input type="checkbox"/> Detailed justification for each line item within the class categories of in the SF-424, including all subcategories <input type="checkbox"/> Identification of all non-federal funding <input type="checkbox"/> Sufficient narrative to justify all budget expenditures <input type="checkbox"/> Itemized budget match and totals
<input type="checkbox"/>	12. Appendices

APPENDIX F. REPORTING TIMELINE

State Abstinence Education Grant Program
Grantee Reporting Requirements Time Line
Budget Period: FY 2013

Grant Number: 93.235

Program Specialist Mailing Address:

ATTN: Program Specialist
Family and Youth Services Bureau
1250 Maryland Ave, SW, 8th Floor
Washington, DC 20024
Fax: 202-205-9535

Financial Management Mailing Address:

ATTN: Financial Management
Office of Grants Management
Division of Mandatory Grants
370 L'Enfant Promenade, SW, 6th Floor
Washington, DC 20447
Fax: 202-205-8267

Due Date	What's Due	Project Period Covered	Submit
April 30, 2014	Bi- annual Program Progress Report	9/30/2013 - 3/31/2014	<ul style="list-style-type: none">• Original mailed to Grant Specialist• Faxed or emailed copy to Program Specialist
October 31, 2014	Bi-annual Program Progress Report	4/1/2014- 9/29/2014	<ul style="list-style-type: none">• Original to Grant Specialist• Faxed or emailed copy to Program Specialist

Note: The reports must be signed by your *Authorized Representative* as named in your original grant application.

The Financial Status Report can be found online at:
http://www.acf.hhs.gov/grants/grants_resources.html.
Scroll down to reports and click on **SF- 425 FORM**

APPENDIX G- BUDGET NARRATIVE JUSTIFICATION GUIDANCE

Program Application Budget Related Documents

SF-424A Form Budget Information – Non-Construction Programs

The form can be found at : http://www.acf.hhs.gov/grants/grants_resources.html.

Budget and Budget Narrative Documents

1. **Budget** – This should be in a spreadsheet or table format. Both the federal and non-federal budget items should be clearly marked. The budget should reflect the budget cost categories outlined in SF-424A (i.e. personnel, benefits, travel expenses, equipment, supplies, contractual, other, indirect costs, matching and in-kind contributions) and identify all line items within each category. Programs should provide a specific itemization of the budget.

2. **Budget Narrative** – The Programs should provide a justification supporting the need to allocate funds for items in the spreadsheet or table format of the itemized budget. The justification should provide a clear description of how the budget items directly relate to the completion of project activities. In the contractual category, indicate if the subaward was awarded competitively or non-competitively. If the sub-award is a sole source/non-competitive award, provide a brief explanation of the rationale for the selection of the subawardee(s).

Budget Categories

The components of the budget and budget narrative are the line item categories and the type of funding (federal and non-federal share), as indicated below:

- 1) **Personnel** – Salaries of staff performing tasks directly related to the project.
- 2) **Fringe Benefits** – The amount paid by an employer to cover non-wage benefits. This includes (but is not limited to) health insurance, disability insurance, retirement, pensions, life insurance, and dental insurance.
- 3) **Travel** – Lodging, transportation, and per diem costs for out of town meetings and conferences for salaried personnel only (not consultants or contractors).
- 4) **Equipment** – Tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.
- 5) **Supplies** – All personal property excluding equipment, such as office supplies.
- 6) **Contractual** – Costs of subcontracts for services and goods except for trainer and consultant costs, which should be indicated in the “Other” category. Subawards are contracts, as they require another entity to provide services to meet the scope of work as indicated in the FOA.
- 7) **Other** – Such costs, where applicable and appropriate, may include, but are not limited to, insurance, food, professional services costs (consultants), space and equipment rentals, printing and publication, computer use, training costs, tuition and stipends, staff development costs, furniture, fuel, program supplies, local travel, accounting, evaluation, and administrative costs.
- 8) **Total Direct Charges** – The costs that can be specifically identified with a particular project, program, or activity.
- 9) **Indirect Costs** – Costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, administrative salaries, etc. An Indirect Cost Rate Agreement provided by a federal government agency establishes the percentage of the organization’s total costs to its direct cost base.
- 10) **Non-Federal/Matching** - Describe the source and use of any matching funds, including in-kind funds. In-Kind funds can come from a variety of sources such as services, supplies, equipment, space, or staff. In-kind contributions must be fairly evaluated; must be an

allowable cost under the terms of the Program, if the party receiving the contributions were to pay for them; and volunteer services must be an integral and necessary part of the project.

Indirect Cost Rate Agreement

Web site for requesting instruction on how to obtain an Indirect Cost Rate:

https://rates.psc.gov/fms/dca/np_exall2.html

Sample Format for Itemized Budget

(Note: This is only a sample. The exact formatting is not required.)

Categories of Funding	Federal Funding	Non-Federal Funding (if applicable)
Personnel		
Position 1 (FTE .50) Salary \$50,000	\$25,000.00	
Position 2 (FTE 1.0) Salary \$45,000	\$45,000.00	
Department of Health and Human Services staff 80 hours of service		\$41,111
Personnel Total	\$101,111.00	
Fringe Benefits		
Social Security (6%)	\$3,000.00	
Medicare (5%)	\$2,000.00	
Health Insurance (3%)	\$1,000.00	
Fringe Benefits total	\$6,000.00	
Travel		
Travel Total	\$2,790.00	
Equipment		
Equipment Total	\$0.00	
Supplies		
Videos 3 * 55.00/ea.	\$165.00	
Supplies Total	\$165.00	
Contractual		
A Research Co. 3 studies @ \$6000 ea.	\$18,000.00	
Contractual Total	\$18,000.00	
Other	\$0.00	
School building use		\$32,030
Other Total	\$32,030	
Indirect Costs	\$0.00	
Indirect Costs Total		
Matching Total		
Federal and Matching Total	\$96,995	\$73,141
Total Project Budget	\$170,096	